



PART B - FEE(S) TRANSMITTAL

Complete and send this form together with applicable fee(s), to: **Mail** Box ISSUE FEE
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7590

07/29/2002

FRANK CHAU
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BAST MEADOW, NY 11554

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Frank V. DeRosa

(Depositor's name)

(Signature)

August 19, 2002

(Date)

09/266.394

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/266,394	03/11/1999	JAMES J. FALLON	8011-2	5737

TITLE OF INVENTION: SYSTEM AND METHODS FOR ACCELERATED DATA STORAGE AND RETRIEVAL

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$640	\$0	\$640	10/29/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
ENG, DAVID Y	2155	709-231000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Frank V. DeRosa

2 F. Chau & Associates, LLP

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

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REALTIME DATA LLC

NEW YORK, NY

Please check the appropriate assignee category or categories (will not be printed on the patent)

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

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☒ Issue Fee☐ A check in the amount of the fee(s) is enclosed.☐ Publication Fee☒ Payment by credit card. Form PTO-2038 is attached.☐ Advance Order - # of Copies _____☐ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

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(Date)

Frank V. DeRosa, Reg. No. 43,584

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